

AMENDED IN ASSEMBLY JUNE 26, 2006

AMENDED IN SENATE APRIL 24, 2006

AMENDED IN SENATE APRIL 17, 2006

**SENATE BILL**

**No. 1804**

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**Introduced by Senator Florez**

February 24, 2006

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An act to amend Section 1346.1 of the Health and Safety Code, and to add Section 12958 to the Insurance Code, relating to health care.

LEGISLATIVE COUNSEL'S DIGEST

SB 1804, as amended, Florez. Health care: product database.

Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care, and makes a willful violation of the act a crime. Existing law requires the department to maintain a database of health care service plans that operate in each of the state's counties. Existing law also provides for the regulation of health insurers by the Department of Insurance and requires the Insurance Commissioner to annually publish and distribute to consumers a comparison of insurance rates report, as specified.

This bill would, on and after July 1, 2008, require the Department of Managed Health Care to include additional information in its database regarding those health care service plans. The bill would, on and after July 1, 2008, also require the Department of Insurance to maintain a database of health insurers by county that includes specified information about those health insurers. The bill would, on and after July 1, 2007, require health care service plans and health insurers to provide the respective departments with information relating to their

products on a quarterly basis, ~~and would require a physician and surgeon to report to a contracting plan or insurer, whether he or she is accepting new patients.~~ Because a willful violation of this bill's provisions relating to health care service plans would be a crime, the bill would impose a state-mandated local program.

The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that no reimbursement is required by this act for a specified reason.

Vote: majority. Appropriation: no. Fiscal committee: yes.  
State-mandated local program: yes.

*The people of the State of California do enact as follows:*

1 SECTION 1. Section 1346.1 of the Health and Safety Code is  
2 amended to read:

3 1346.1. (a) The department shall maintain a database  
4 indicating for each county, the names of the health care service  
5 plans that operate in that particular county.

6 (b) On and after July 1, 2008, the department shall also  
7 maintain in the database the following information for each  
8 county:

9 (1) The commercial and government sponsored product lines  
10 offered by each plan, including, but not limited to, a preferred  
11 provider organization, a health maintenance organization, and a  
12 point-of-service plan contract.

13 (2) The number of enrollees and subscribers authorized for  
14 each product line that the plan offers or administers.

15 (3) For each product line, ~~on a full-time equivalent basis,~~ the  
16 number of participating physicians and surgeons by specialty,  
17 and the number of participating physicians and surgeons for each  
18 product line who have indicated that they are not accepting new  
19 patients. ~~The full-time equivalent basis shall be determined~~  
20 ~~pursuant to the department's methodology.~~ *patients.*

21 (c) The information required pursuant to this section, other  
22 than the information described in paragraph (2) of subdivision  
23 (b), shall be made available to the public on the department's  
24 Web site. The department shall update the information quarterly,

1 shall disclose that the information is subject to change without  
2 notice, and shall provide a telephone number that consumers may  
3 use to obtain information regarding a particular product line.

4 (d) On a quarterly basis, on and after July 1, 2007, each plan  
5 shall provide the data the department requests in order to comply  
6 with this section in a form prescribed by the department. ~~A~~  
7 ~~physician and surgeon shall on a quarterly basis, on and after~~  
8 ~~July 1, 2007, report to each plan with which the physician and~~  
9 ~~surgeon contracts, whether he or she is accepting new patients. A~~  
10 plan shall ensure that the information provided to the department  
11 is updated at least quarterly. *Consistent with Section 1368,*  
12 *nothing in this section shall prohibit a plan from requiring its*  
13 *contracting physician and surgeon, contracting provider group,*  
14 *or contracting specialized health care service plan to report to*  
15 *the plan on a quarterly basis whether the physician and surgeon,*  
16 *contracting provider group, or contracting specialized health*  
17 *care service plan is accepting new patients.* If a plan delegates  
18 the responsibility of complying with this section to the plan's  
19 contracting provider, contracting provider group, or contracting  
20 specialized health care service plan, the plan shall reimburse the  
21 provider, group, or other plan for any costs incurred to comply  
22 with this section.

23 SEC. 2. Section 12958 is added to the Insurance Code, to  
24 read:

25 12958. (a) On and after July 1, 2008, the department shall  
26 maintain a database indicating for each county, the names of the  
27 health insurers that offer or administer health insurance, as  
28 defined in Section 106, in that particular county. The database  
29 shall also include the following information for each county:

30 (1) The health insurance product lines offered by each health  
31 insurer, including, but not limited to, a preferred provider  
32 organization and an exclusive provider organization.

33 (2) The number of insureds for each product line that the  
34 health insurer offers or administers.

35 (3) For each product line, ~~on a full-time equivalent basis,~~ the  
36 number of participating physicians and surgeons by specialty,  
37 and the number of participating physicians and surgeons who  
38 have indicated for each product line that they are not accepting  
39 ~~new patients. The full-time equivalent basis shall be determined~~  
40 ~~pursuant to the department's methodology.~~ *new patients.*

(b) The information required pursuant to this section, other than the information described in paragraph (2) of subdivision (a), shall be made available to the public on the department's Web site. The department shall update the information quarterly, shall disclose that the information is subject to change without notice, and shall provide a telephone number that consumers may use to obtain information regarding a particular product line.

(c) On and after July 1, 2007, on a quarterly basis, each health insurer shall provide the data the department requests in order to comply with this section in a form prescribed by the department. ~~A physician and surgeon who contracts with a health insurer shall report to the insurer on a quarterly basis, on and after July 1, 2007, whether he or she is accepting new patients. A health~~ A health insurer shall ensure that the information provided to the department is updated at least quarterly. *Consistent with Section 1368 of the Health and Safety Code, nothing in this section shall prohibit a plan from requiring its contracting physician and surgeon, contracting provider group, or contracting specialized health care service plan to report to the plan on a quarterly basis whether the physician and surgeon, contracting provider group, or contracting specialized health care service plan is accepting new patients.* If a health insurer delegates the responsibility of complying with this section to the health insurer's contracting provider or contracting provider group, the health insurer shall reimburse the provider or group for any costs incurred to comply with this section.

SEC. 3. No reimbursement is required by this act pursuant to Section 6 of Article XIII B of the California Constitution because the only costs that may be incurred by a local agency or school district will be incurred because this act creates a new crime or infraction, eliminates a crime or infraction, or changes the penalty for a crime or infraction, within the meaning of Section 17556 of the Government Code, or changes the definition of a crime within the meaning of Section 6 of Article XIII B of the California Constitution.